

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

Vol. III.

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No. 4.

"DOCTORS' QUARRELS."

The Clinic, in its last issue, while noticing the resolution of the American Bi-weekly to eschew in the future the discussion of school matters and the indulgence in personalities, which it acknowledges to have been among its errors in the past, commends the "honorable position" taken by our neighbor, and in very kindly phrase hopes that the *News* will hereafter devote its time to strictly professional topics. In this event it prophesies that the "doctors' quarrels" in Louisville, which have met with such disapproval from the profession at large, will cease, amity be restored among the brethren in our city, and the great evils which exist in this community will be silently corrected.

Certainly no one wishes more heartily than we for a return of peace, and would go further to obtain an honorable solution of the Louisville difficulties. We may be wrong in our opinion, but we are at least honest in our belief that we are on the shortest road to this happy consummation, in pushing on the war and forcing the fomentors of the discord to surrender their positions. The plan of passive submission was tried for many years and proved an utter failure. The *Richmond* and *Louisville Journal* commenced its publication in this city in 1868, in 1874 it was re-enforced by the *American Medical Weekly* (under the same editor), and up to the first of January, 1876, these two periodicals occupied alone the field of controversial journalism in Kentucky, and they occupied it fully. There was scarcely an issue of the monthly, and few of the *Weekly*, which did not contain matter grossly offensive to the feelings of many physicians. Institutions in

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the way of the school in whose interest these independent journals were conducted were criticised unceasingly and unsparingly; under the guise of critiques character was assailed, nor were the private griefs of the most innocent of physicians too sacred to be paraded and imputed to them as a crime. These journals in fact assumed a special censorship over the morals of the profession, and talked incessantly about the sacred duty they owed to their conscience to keep them clean. Nor was the surveillance confined to Louisville, but extended to any quarter where an unhappy temper might direct. This went on swimmingly during the days of the monopoly. People at a distance who read these high-sounding diatribes could scarcely imagine that so much assumed virtue could cover—well, let us put it in mild phrase and call it humbug. Nobody replied to them at home, and there was no wonder that only guesses at the true state of affairs were reached abroad. The state of feeling which existed in this community can be imagined. To be lectured by the exponent of a ridiculous system of professional morals, with all the venom and stilted English with which two journals could be loaded, became at length more than ordinary human nature could bear. Even the friends of the great censors at times cried "Enough," but always chose to excuse them on the grounds of "eccentricity." Such was the state of affairs on the first of January, 1876, when the *LOUISVILLE MEDICAL NEWS* made its appearance. It is somewhat different now. We took the war into Africa in the very opening of the campaign, and we have kept it there ever since. At first the enemy was surprised at the suddenness of our attack, tried for awhile to stay

within his hold, but, forced at length to a defense, came out beating his tom-toms, sounding his hew-gags, and making horrid grimaces at us. This sort of warfare had served his purposes on other fields, but he soon learned to his cost that it was useless against the adversary he dealt with now. Then came the retreat in bad order, and the hiding behind the walls during the whole summer. But we kept up the fusillade and scoured the whole country, cutting off his supplies, and so when autumn came he must perforce make another sally. The hammering he got on that occasion is too recent to be mentioned. It may be remembered how in his distress he tried to bring his forces out in disguise, and how we tore the masks from them and sent them back discomfited to his camp. And there he is; and on the first of January, 1877, one year after his war was answered, he published a great proclamation, and says he goes to war no more, and tries to make friends with the foreign powers; says Sweet Philadelphia Times, Dear Clinic, My own Reporter (it was n't this sort of talk when his lances were free); and he hopes to excite sympathy against the wicked NEWS, which won't draw off and let him come out.

Do n't we know that just as soon as we do he will be at his old tricks again—making war on every body, riding all over the country, seducing young men into his army with his bogus bounty scheme and promise of nine-months' service only? If he will surrender these assumed privileges and get some responsible party to go on his bond for him, we will not only let him come out, but will divide our commissariat with him. We have not a bloodthirsty feeling in our bosom, and long for a return of peace.

In other words, the Clinic, with its good intentions, is wrong in thinking that amity can be purchased, and the evils corrected in the manner it suggests. The "honorable position" of the two journals who have been on the other side of the question in this city is a forced one, and not to be trusted. And we hope our Cincinnati con-

temporary is wrong in another respect. We trust that we at least are not "quarreling." It is of course not given to one to see himself as others see him; but we have felt that our part in the controversy in which we have engaged has risen above the level of a quarrel—certainly not one waged for personal ends; and we distinctly disavow any intention of personality. We declare we criticise measures only, and we believe that in the exposure of the affairs of the Kentucky-Louisville School combination we have done a service to the profession at large. We certainly have never lost our temper, and we beg all who have taken the trouble to follow us in this matter to bear witness that in the face of the rudest assertions and grossest personal abuse we have administered our correction in the pleasantest manner. We are much satisfied with what we have accomplished. Our importunity has gained the ear of the profession at last, and from Maine to Texas we have made the "Phenomenon" with its imitators a laughing-stock. Its power, which when unchecked was growing year by year, has been sadly shorn; and though it shows yet a dogged resistance, it will in time, we trust, surrender and put itself in a proper position. In the meantime we have at any rate made the atmosphere of Louisville more pleasant for professional men to breathe, and cast off the imputation that a great humbug flourished here with no one to combat it.

Original.

A NEW METHOD OF SECURING AN UPRIGHT POSITION OF THE EPIGLOTTIS.

BY RICHARD C. BRANDEIS, M. D.

One of the greatest difficulties which the laryngologist has to encounter in examining or operating upon the larynx and its appendages is due to an abnormal shape or position of the epiglottis, which is sometimes so curved upon itself in an antero-posterior axis that it is almost impossible to get a view of the anterior third of the rima glottidis. In

other instances, owing to a relaxation of the glosso-epiglottic ligaments or in consequence of tracheotomy, the epiglottis is so depressed and so loth to rise to a vertical position that it is barely possible for us to get more than a partial view of the larynx, and then it is generally limited to the arytenoid cartilages and their immediate surroundings. The result of this condition is, that a diagnosis of laryngeal diseases is attended with the greatest possible difficulties; and if this be of a localized nature, the application of therapeutic agents is not only difficult but sometimes absolutely impossible, especially if it be necessary to cauterize a small ulcer or to remove a neoplastic growth. Various methods have been recommended to remove the obstacles mentioned, and among them I may cite the instruments devised by Volto- lini, Tuerk, Bruns Tobold, and others, by which the epiglottis may either be simply lifted upward and forward as in the use of laryngeal sounds, sometimes pulled upward by means of properly curved forceps, or dragged forward by means of Türck's instrument, which is so arranged that the epiglottis is perforated by a curved needle, a thread passed through it which hangs out over the lower lip, traction applied to it, the epiglottis pulled forward, and in this manner are we enabled to catch a glimpse of the cavity of the larynx.

The objections to be urged against these procedures are that in every one of them are we obliged to lacerate the epiglottis, so that an œdema of that organ—or, if the parts be anæmic and the patient badly nourished, ulcerations and consequent necrosis—may take place, so that the physiological functions of the larynx are permanently disturbed.

In a recent number of the Berlin Clinical Weekly, No. 38, 1876, I found an article by Dr. A. Jurasz, in which he proposes that instead of attacking the epiglottis a thread be passed through the middle glosso-epiglottic ligament, and thus the epiglottis be brought into such a position as would be favorable to an examination and subsequent operation.

Acting upon this suggestion, I determined to use this method in a case which recently came under my care, in which a boy, aged fourteen, had swallowed a grain of wheat, which had lodged in the anterior fourchette of the rima glottidis, and in consequence of the inflammation and swelling and the great irritability of the parts it was quite impossible to remove the *corpus delicti*. I put the patient in the laryngoscopic position, and while holding the mirror with my left hand introduced the needle holder, which held the needle at right angles to the shaft, into the mouth, and soon succeeded in piercing the median glosso-epiglottic ligament. I then loosened the hold of the holder and, applying again on the other side, drew the needle out of the mouth. This was done with sufficient ease, and the patient complained of no pain while undergoing the operation. I now took the two ends of the thread, which were hanging over the lower lip, and put them into the hand of the patient with instructions to exercise a little traction; the laryngoscope was again applied, the forceps introduced, and the grain of wheat removed with but little trouble. The thread was then withdrawn, no hemorrhage whatever ensued, the voice was unimpaired, and the next day following the operation all inflammatory symptoms had disappeared.

The method described has also stood me in good stead in another case. Mr. C. has been afflicted with polypus of the larynx for more than two years, and six months ago placed himself under my charge for the purpose of having the same removed. Owing, however, to an unusual thickening of the epiglottis, and a very marked curvature upon itself, conjoined with a very intractable local hyperæsthesia, I made but little headway, although I employed local anæsthesia, urged the use of the throat educator, etc. My patient was so urgent, that from time to time I would introduce the polypus crusher, trusting to luck, and sometimes giving it a squeeze, and as often failing altogether. After repeated sittings I did succeed in removing a portion of the tumor, and, subjecting it to

microscopic examination, found it to be a myosarcomatous growth. On Tuesday last I resorted to Jurasz's method, and soon succeeded in removing a portion of the tumor, and immediately after which, still having the epiglottis under control, applied a few drops of a sixty-grain solution of chromic acid to the stump of the tumor.

The advantages of this device consist in the fact that by this means only are we able to secure a vertical position of the epiglottis without interfering with its integrity, and thus get an uninterrupted view of the cavity of the larynx. The traction on the ligament gives rise to no pain, nor does it occasion any reflex irritation; the patient may be quite passive, and a multiplicity of instruments is thus avoided. There are absolutely no untoward results, excepting a slight entumescence at the site of the puncture, which disappears after the lapse of a few hours.

LOUISVILLE.

RELATIONS OF THE MEDICAL PROFESSION TO LIFE INSURANCE.

BY J. B. TEMPLE,

President of the Southern Mutual Life Insurance Company of Kentucky.

An eminent actuary in a recently published article says, "Many medical examiners have an erroneous impression that any one who bids fair to live to the end of his expectation is therefore a good risk. A little reflection will show the fallacy (hitherto apparently unexposed) of this idea. What the company wants is a life which bids fair to run far beyond the expectation, since the expectation is only the average number of years that persons of a given age are expected to survive. For example, the examiner may have before him an applicant, aged thirty, whose personal and family history is such as to produce the belief that he will in all probability die at or about the age of sixty-five, if not sooner cut off by accident or acute disease. This applicant bids fair to 'live out his expectation,' and would, therefore, be accepted by many examiners; yet nothing can be more certain than that a

company made up of such risks would inevitably come to ruin."

The reason of this is obvious. The tables upon which this "expectation" is based embrace a large number of lives who not only bid fair at thirty to live beyond, but actually lived beyond sixty-five—some to near one hundred. Suppose a man to owe debts due in one, two, and three years as follows: \$1,180, \$1,120, \$1,060, and has three bonds of \$1,000 each, with interest at six per cent, due at the same time. He might exactly pay these debts if he could also at each payment cash one of his bonds. If it should turn out that some portion of his debt would be sooner due, his means would fall short of payment, unless the remainder should mature at such later period as will compensate for the earlier maturity of a part. So with lives. Whatever may be the prospect, many will drop out before the average time, by accident or acute disease, and some must as far exceed it, or the calculation fails.

Life-insurance premiums are calculated upon the extreme limit of human life, with allowance for deaths occurring by a proportion which the mortality tables give; and, therefore, perfectly selected lives will only be such as have a fair prospect for the extreme limit of human life, which is from ninety-five to one hundred years. A few exceptions only exceed the latter calculation.

It is by no means uncommon to find the medical examiner answering the question as to his opinion of the risk, that "it is a fair average risk;" when an examination of the application shows that the prospect of life will not exceed three-score years, and we then learn what he means by fair average.

It would seem to be worth while that professional men undertaking a duty so delicate should inform themselves of the fundamental principles of a business like life insurance, so that their portion of the work would be up to its requirements. It is not necessary that they should become proficient, but the underlying principles, which may be comprehended by a few hours' study, should

be learned. Some one well informed who would make a clear and simple statement of these underlying principles suited for the non-professional student, and in such brief form as to be soon studied, would render a valuable service.

Another error of a kindred nature into which persons unfamiliar with the groundwork of life insurance are liable to fall is that any disadvantages resulting from an excess of losses or expenses falls upon a wealthy corporation, which may well afford it and have enough left. It would not be regarded by those understanding the subject necessary to combat so flagrant an error, but for the actual knowledge that it prevails and produces its pernicious fruits in our courts and in every walk of life. A writer on the subject has remarked with no more force than truth that "a large deposit or reserve means a large debt," and comments severely on the practice of companies in advertising this large deposit as "*capital*." As sure as death itself these large sums, with their increase, will be required to meet the debts as the grim monster presents the claims for payment. The fact is that watchfulness, close economy, and the exercise of a sound and honest judgment in the investment and management of the funds, is indispensable to make them meet the requirements of the business without making the cost fall oppressively on many who are little able to meet their payments, and who experience many an anxious pang lest they may not be able to continue them.

Let us illustrate by a case: A insures his life at age of thirty for \$1,000. He must pay an annual premium of \$22.70, and the company undertakes to insure him for that premium throughout his life, however long. If he were older it would require more. In order to insure him the next year for the same sum, the company must keep or reserve out of the premium \$7.66. Mind, it *must* do it; and every cent that it fails in this is one cent in the direction of insolvency; and a similar reserve must be made out of each annual premium paid, with the

same result if not done. It will be called upon in the course of the first year to pay for the losses occurring with the many others that do insure along with this one \$8.36 as his portion, and this demand increases, year by year, as he lives and grows older. Already there appears an imperative use for \$16.02 of the premium, and there is but \$6.66 out of which to pay the medical man, the agent who does the work, and other minor expenses; and all that is required more will come out of the company, it may be said; but the company is composed of those who need every cent, and all that it requires less than these annual expenses goes back and relieves the burdens of the poor, who must pay or suffer disappointment.

The contributions to death-losses by imperfect selections, if they go beyond the calculations, must prove one of the most fatal defects in the business. So the careful and skillful services of the examiner are all-important; but carelessness or unskillfulness are things most to be deplored. Candor compels me to say that in a large proportion of the cases falling under my observation the medical examiners fall short of that measure of skill and prudence that will clearly enable those who must finally decide to do so with confidence. Often the unconscious disclosures of the applicant himself are more valuable than those of the skillful physician upon whose fidelity so much depends. He not infrequently shows that he has never read the instructions submitted to him, or has been criminally negligent of their injunctions. Points of vital importance are left in obscurity which he should know need to have light thrown upon them. If guided by his assistance alone, the insurance company would scarcely know aside from his opinion whether the applicant is a fair average or a fairly bad risk. These are men who would not take a cent from the pocket of the poor man, or, it should in charity be conceded, from the coffers of a rich corporation; and yet they jeopardize these interests by a carelessness that is scarcely less culpable. It should inspire men with anxiety

when it is felt that so much depends upon them, and interests so dear to the hearts of fond parents or husbands are in so great measure in their keeping.

I have intentionally omitted the matter of compensation. No men on earth would more readily heap execration upon the head of him who would carelessly dispense remedies, so as to cause suffering and death, because the fee for a visit was a trifle compared with the life and comfort of a human being, than would the men of the medical profession, and they will not justify that indifference to interests involved which are often dearer than comfort or life itself.

Formulary.

[Communicated by various practitioners.]

R Ammoniae hydrochloratis..... $\frac{3}{4}$ ss;
Spiritus ætheris comp..... $\frac{3}{4}$ ss;
Elixir glycyrrhizæ $\frac{3}{4}$ iijss.

M. Dessertspoonful to tablespoonful every four hours in Asthmatic Cough.

R Fluid extract ergot..... $\frac{3}{4}$ ss;
Tinct. cantharides $\frac{3}{4}$ ss;
Tinct. ferri muriat..... $\frac{3}{4}$ ss.

M. S. Twenty to thirty drops in water three times a day. For Gleet.

Take of bichloride of mercury, 1 part; alum, 20 parts; starch, 100 parts; water, 2,500 parts. Mix. Apply freely to parts in Pruritus Vulvæ.

CHLORAL PLASTER.

Dr. Solari, of Marseilles, says the Medical Examiner, recommends the chloral plaster as an excellent application in cases of neuralgia, and of pains resulting from exposure to cold. The plaster is easily prepared by powdering the chloral over a common pitch plaster, one or two scruples of the chloral for every four square inches of plaster, care being taken not to incorporate the chloral with the pitch.

PHOSPHORUS PILL.

In the British Medical Journal Mr. Wm. Martindale gives the following directions for making pills of phosphorus with the oil of theobroma, which he recommends to be used when patients can not be got to take phosphorized almond oil. One per cent of

phosphorus may be combined in the following way: Having melted the oil contained in a wide-mouthed bottle placed in a water-bath, add the phosphorus, and partly closing the mouth of the bottle heat till this too melts and the temperature of the mixture becomes about 180° Fahr.; then cork it tightly, and with a little brisk agitation the phosphorus will dissolve almost immediately. Allow the fluid to cool and solidify; and having in this condition divided it into suitable lots for rolling, beat each in a mortar before applying it to the machine, and work off quickly. A three-grain pill will contain one thirty-third of a grain of phosphorus. They may be coated with a solution of sandrac in absolute alcohol in the following manner: place the pills in a covered pot and pour upon them a few drops of the solution; agitate well, and turn them out upon a slab; separate them from each other, and allow them to dry in the air.

HYDROBROMIC-ACID COUGH MIXTURE.

Dr. J. Milner Fothergill says the following is a really charming cough mixture, efficient as well as palatable:

R Sp. chloroformi..... mxx;
Acid. hydrobromic..... fl.℥ss;
Syr. scillæ..... fl.℥i;
Aque..... ad fl.℥i.

Ter in die. Any other acid is, he says, very agreeable; but the hydrobromic, from the effect of bromine upon reflex mechanism, allays the cough often so troublesome. It possesses much the same action as opium, without the ill effects upon the digestive organs or the bronchial secretion.

Miscellany.

CÆSAREAN SECTION.—The London correspondent of the Philadelphia Times records a case of Cæsarean section performed by Dr. Edmunds at the Temperance Hospital, in which both mother and child were saved. The woman was a lively, bright Alsatian of infinite pluck. A tumor which filled the pelvis rendered delivery by the ordinary methods impracticable, and the Cæsarean operation, being decided upon, was performed in the following manner:

"1st. A terebinthinate enema was administered to clear out the bowels, and with the hope that the turpentine would act as a hæmostatic. 2d. Carbolic acid spray was

projected into the atmosphere of the operating room until the chamber smelt distinctly of it, while the temperature was raised to 80° Fahr. 3d. The most scrupulous care was taken to have no septic matter on the instruments, the whole of the attendants and the operating body were carefully disinfected, the hands scrupulously cleaned, and lastly washed in iodine water. 4th. The patient was seated nearly upright upon the edge of the operating table, in order that the blood might flow out over the pubes instead of sinking down into the interstices of the intestines. Nurses held each lower limb steady, and a Windsor chair was placed behind the patient's back, so that she was firmly secured. Chloroform was then administered. The bladder was emptied by means of a long male catheter. The incision was commenced at the umbilicus and continued downward in the median line to within three inches and a half from the top of the symphysis pubis. It was then carried cautiously downward for an inch or more, as the bladder was found to extend some four inches above the pelvic brim, and, filling with urine, prolapsed through the wound during the operation. It got so much in the way that a catheter was passed and kept *in situ*. In consequence of the position of the bladder the incision was carried upward beyond the umbilicus. The whole incision was six inches in length.

"The uterus was seen lying diagonally across the abdomen, its fibers distinct through the peritoneum, and its walls tensely stretched upon its contents, the waters having escaped at an early period. The fibers retracted forcibly on being severed by the knife. The shoulder of the infant appeared in the cut, and the rest of the incision was completed on a director. The foetus was seized by the head and withdrawn, the uterus closing upon itself very promptly. The child being in a state of suspended animation, the placenta was extracted and laid beside it, while Dr. Routh proceeded to restore it. After the withdrawal of the placenta the uterus contracted and expelled a few ounces

of blood, which flowed safely over the pubis. The fingers of the right hand were inserted to extract some fibrinous clots, after which the uterus was gently kneaded to induce it to contract firmly. Rounded fragments of ice were dropped into the uterus from time to time, and brought in contact with the whole surface. The uterus contracted perfectly, each contraction squeezing out a little fluid, which at first was pure blood, and afterward only red serum. The wall of the contracted uterus was about three-eighths of an inch in thickness. Before closing the abdomen an oesophageal tube was passed into the uterus and out through the vulva to make sure of a passage for the lochia.

"Very little chloroform was used, and after the removal of the child the mother sank into a natural sleep, like Damiens in the intervals of the rack. In addition to the turpentine enema, the patient had internally one hundred drops of secale cornutum in divided doses, and sixty of the oil of turpentine, shaken up in milk, in two doses. When the operators left the patient was sleeping calmly, the pulse and respiration being almost normal. The patient was fed on milk and water and oat-meal gruel sweetened, and had neither physic nor alcohol prescribed; indeed both were forbidden. A hyoscyamus draught was given on the third day for some flatulent pain, and a dose of castor oil on the fifteenth day to open the bowels. The after history of the case is entirely negative, the patient recovering without one single evil symptom, and the baby being equally fortunate. Mother and child were both shown to the medical society."

This is the second successful case of Dr. Edmunds. In both he left the uterus unsutured.

THE Cincinnati Lancet and Observer makes its appearance this year much enlarged beyond its former extensive limits.

THE Toledo Journal of Medicine, published at Toledo, Ohio, is the latest addition to periodical medical literature.

THE Peninsular Journal of Medicine and the Detroit Review of Medicine are to be merged together this year, under the name of the Detroit Medical Journal, which will be edited jointly by Drs. Mulherron and Connor. These gentlemen have shown such marked ability in the conduct of their separate journals during a number of years past that the union of their strength in a single periodical can not but be productive of most efficient work. We hope we see in this movement, too, good in another quarter; that is, an amicable solution of the great educational question which has distracted the Northwest, and which Drs. Connor and Mulherron have discussed with such ability from opposite standpoints. The Detroit Journal of Medicine can not fail to take immediate stand among the most worthy of American medical journals.

WHY is it that every weekly or bi-weekly medical journal in the country makes its appearance promptly on the day announced for its publication, while the monthlies, as a rule, are so much behind time? Days, weeks, and even months mark their laggardness. We have had no experience in other fields besides our own, but it seems to us it is the one in which punctuality is the hardest to observe.

CINCHONA CULTIVATION IN BURMAH is said to have been enthusiastically undertaken by the natives.

THE Clinic (Cincinnati) has passed under the control of Professor Bartholow. It has been improved in many respects. Tinted and calendered paper and perfect typography put it far beyond the old issues in appearance. It would be unjust appreciation of the labor bestowed upon the journal by Drs. Whittaker and Longworth, its former editors, to say that the body of the journal had been changed for the better. Indeed, their active co-operation is still visible there; but in the matter of editorial notes there is a marked advance. The Clinic

will hereafter evidently express its opinion upon current topics from a distinct editorial tripod, and not through the medium of reviews, etc. The fire of Prof. Bartholow's temperament may at times place the Clinic in a debatable position. It can not fail, however, to add interest to its pages.

A STARTLING REVELATION.—The American Medical Bi-Weekly (and By-and-By Quarterly) in its last issue, speaking of pure milk, says: "In the country every one can obtain this. In the city few command it." It is the fault of advanced thinkers that they spring their propositions so suddenly that the mind of the period is not prepared to grasp them. Had our learned contemporary taken pains to prepare the age for the reception of this great germ-thought, it would be during the present year, and not in centuries to come, that a place above the discoverers of the correlation of the forces would be accorded it.

PRESERVATION OF EGGS.—According to the *Chronique de la Société d'Acclimation*, the German military authorities at Passau, Bavaria, are very much interested in some experiments to devise a means by which eggs can be preserved. It is claimed that the egg completely desiccated with proper care will lose nothing of its nutritive properties, and will simply present in an infinitely smaller volume the same quantity of alimentary matter as before the operation.

DAMAGES AGAINST A JOURNAL.—The Medical Press and Circular has been sued for criticising a practitioner who gave "advice and medicine" for fourpence. It was not considered that too little was charged for the advice, but the possibility of furnishing proper medicines at such a price was doubted. The suit went against the journal—the jury fortunately assessing the damages in the neighborhood of fourpence. At a meeting of physicians held to take action upon the matter the Press and Circular was of course sustained.

DRUGGISTS IN FRANCE.—There exist in France 6,210 druggists' shops, of which 2,121 are of the first, and 4,089 of the second class. In 1866 the total number was only 5,803. Calculating the proportion to the whole population, this gives one druggist to every 10,000 inhabitants.

THE LOUISVILLE MEDICAL NEWS is now the only weekly journal of its class published south of the Ohio, and one of the only two (the Clinic is the other) issued west of Philadelphia.

Selections.

THERAPEUTIC MEANS FOR THE RELIEF OF PAIN IN GENITO-URINARY TROUBLES.

Catarrh of the Bladder, however caused, is a disease in which the local symptoms are always more or less pronounced; these are distressing irritability, supra-pubic pain, pains in the sacrum, perinæum, and thighs. The judicious use of the catheter is one of the most effective means at the command of the surgeon; because, whenever the slightest obstruction exists to the free passage of urine, there is the risk of the secretion being slightly decomposed, and consequently irritating to the lining membrane of the bladder; and so the original evil is liable to be aggravated. To insure a regular and complete evacuation of the bladder is, therefore, an important thing to begin with. Then we may remove morbid deposits by injecting warm water and washing out the interior of the viscus. This gives the patient great comfort. Increased benefit may be sometimes obtained, says Sir H. Thompson, by cautiously impregnating the water so employed with astringent or sedative agents, such as acetate of lead, nitrate of silver, and nitric acid.

To allay much pain Sir H. Thompson uses anodyne solutions of the extracts of conium, hyoscyamus, and opium. He recommends the following formula: dissolve ℥i each of the extracts of conium and hyoscyamus and ℥ss of the extract of opium in fl.℥ij of proof spirit and fl.℥xiv of water; of this solution add a sixth or a fourth part to fl.℥iij of warm water for an injection to remain in the bladder five minutes; two thirds should be permitted to flow out, and the catheter withdrawn; the rest is retained in the bladder. On all occasions of washing out the bladder only two or three fluid ounces of liquor should be injected.

In Vesico-intestinal Fistula, to wash out the bladder occasionally with small quantities of tepid water contributes greatly to the patient's relief. Villous growths in the bladder may require a similar treatment, the injected solution being rendered slightly astringent. Cancer of the bladder may need opiate injections.

Pain from Vesical Calculi.—Few agonies are more intolerable than those of stone in the bladder; and much investigation has been bestowed upon the local use of lithontriptics; *i. e.*, the injection into the bladder of chemical solvents of stone. Sir H. Thompson has not much praise for this method of treatment, and says that the solution, if strong enough to be of any use, endangers the coats of the bladder, and when diluted its action is extremely uncertain. Dr. W. Roberts speaks more encouragingly, but allows that the scope of the treatment is within rather narrow limits; and that it is applicable only in those cases of vesical calculi in which the urine is acid, the stone not large, and its composition known to be uric acid, or strongly suspected to be such. However, Sir B. Brodie has shown that phosphatic calculi might be greatly reduced in size, if not dissolved, by injecting a weak solution of nitric acid. Dr. Hoskins used a weak solution of acetate of lead (*gr. i ad ℥i*) with a mere trace of free acid. With a phosphatic stone double decomposition occurs. Phosphate of lead (in the form of a fine granular precipitate) and an acetate of lime and magnesia are formed. Results of high practical importance may be expected from a prosecution of the same researches; and I may here allude to a detailed account of experiments made by the Rev. W. V. Harcourt upon himself. It seems probable that the solvent treatment judiciously carried out may prove a useful adjunct to lithotripsy; and there can be no harm in the free use of plain warm water, by introducing it through a double catheter, and keeping up a continued stream for half an hour every two or three days.

The surgeon's art is, after all, the most radical in the management of the pains and perils of stone in the bladder.

Pain from Acute Gonorrhea.—For the painful irritation of acute gonorrhea a variety of soothing injections may be recommended. That which in my own experience seems most useful is composed of liq. plumbi diacetatis, glycerine, and lime-water. Glycerine of tannin is sometimes very efficacious. Extract of opium in solution may be added to either of these; and particular care is needful in the mode of application, as the efficacy of the lotion depends entirely upon its free and repeated application to the whole of the diseased surface.

Pain from Fibroid Tumors of the Uterus is the cause of much suffering. Dr. Meadows points out that pain and hemorrhage are generally in inverse

proportion to one another; and if pain predominate, the tumor will most likely prove to be subperitoneal. He recommends us to apply the anodyne remedies as nearly as we can to the seat of pain. Hence the employment of medicated vaginal pessaries, using as the basis of the pessary gelatine and glycerine in the proportion of one part of the former to four of the latter, and into this we can introduce atropia, conia, and morphia. When used per vaginam these medicines are more effective, and certainly do not produce so much constitutional disturbance as when given in other ways. Dr. Tanner used with the same object medicated pessaries, in which the butter obtained from the theobroma cacao nut was the material used for holding the drugs together; among the substances so applied were mercurial ointment, extract of belladonna, extract of conium, and iodide of potassium; and pessaries in which is incorporated the extract of opium or belladonna are employed for dysmenorrhea and "ovarian irritation" by Dr. Barnes.

Injections in Uterine Diseases.—Injections occupy an important place in the treatment of painful uterine diseases; chiefly, however, as adjuvants to a higher class of remedies. Here again we find solutions of belladonna and opium to be of most service, and to these may be added liquor plumbi diacetatis, and perhaps dilute hydrocyanic acid. As simple emollient applications for relieving irritation, milk and water, linseed tea, barley water, and thin starch or gruel are very valuable. To allay the pain of ulceration of the os and cervix uteri, Dr. Lloyd Roberts uses very weak solutions of carbolic acid, on the ground that it possesses in an equal degree with the stronger caustics the property of changing the vitality of the tissues and dissipating inflammation and hypertrophy. I find the following lotion very serviceable in these cases:

Glycerin. acid. carbol..... 3 ij;
 Liq. plumbi diacetatis..... 3 iv;
 Liq. calcis ad 3 viij.
 M. ft. lotio.

In the instance of a private patient afflicted with a soft bleeding cancer of the uterus, the assiduous use of this injection stopped for a time all pain and hemorrhage. Dr. Churchill says that he can relieve the pain of "corroding ulcer" of the uterus by the local application of such caustics as nitric acid, muriate of antimony, chloride of zinc, and iodine, even though it is impossible to get the ulcer to heal; while in "advanced cases" temporary relief may be obtained from vaginal injections of nitrate of silver.

Local Use of Vapor of Chloroform in Uterine Disorders.—Dr. West has not much to say in favor of the local employment of the vapor of chloroform, even by means of Dr. Hardy's "very ingenious contrivance;" and he is equally disappointed with the effects of a stream of carbonic-acid gas. To the

latter agent attention was first directed by Sir James Simpson, who spoke of its results as uncertain, although in some cases the success that followed its use was striking and immediate. M. Bernard has obtained some decisively good effects in a few cases of uterine carcinoma, followed by a great improvement in the state of the womb, and by a partial cicatrization of the ulcer.

Acute inflammation of the vagina following labor should be treated with injections of tepid milk and water or of a weak solution of acetate of lead. Gonorrheal inflammation must be treated in a similar way.

Relief of the Irritable Uterus.—Dr. Graily Hewitt has graphically described the condition of a patient suffering from "irritable uterus," which he believes to be nothing more or less than a retroflexion of the uterus in an aggravated form. This state of things is to be remedied by reducing the flexion, and then all the symptoms disappear which arise from engorgement of the uterus, compression of the nerves which course through its tissues, and stretching and dragging of the peritoneum. A mechanical element of treatment here comes into play, consisting in the application of a suitable form of pessary. The literature of uterine pessaries is of appalling magnitude; and the object of this treatise is to indicate principles rather than to delineate those details which can be learnt from the proper text-books. Pessaries of convenient shape and size relieve other painful conditions of the uterus caused by misplacement of the organ.

Neuralgia of Female Urethra.—A desperate neuralgia sometimes afflicts the female urethra and orifice of the bladder. But very often what seems to be a pure neuralgic affection depends upon minute ulcers in the urethral mucous membrane. By an ingenious contrivance Mr. Ashwell washes the whole tract of membrane with a strong solution of nitrate of silver, and by this plan he cured a very severe case of the disorder. I obtained equal success in an exceedingly obstinate case by the passage of a soft bougie every night and morning.—*From John Kent Spender's Therapeutic Means for Relief of Pain.*

Nitrite of Amyl for Noises in the Ear.—Dr. Michael, of Hamburg, communicated to the Section of Otiatrie (Allgem. Wien. Med. Zeit., Sept. 26), at the late Congress of Naturalists and Physicians in that city, a paper detailing the results of the trials of nitrite of amyl which he had made for the relief of noises in the ear. These constitute, he observes, one of the most distressing symptoms in many affections of the middle and inner ear, so that patients would rather resign themselves to complete deafness than to their endurance. Indeed, some have been driven by them to madness or suicide. Independently of their

prognostical importance they are therefore, in a therapeutical point of view, of the greatest interest. In many cases acute catarrh, tumidity of the tube, exudation within the tympanum or great depression of its membrane, etc., may act as causes, and on the removal of these relief follows; but in a great many other cases, especially in the indurated forms of inflammation of the middle ear and affections of the labyrinth, relief is not obtainable, or is but temporary. Every kind of narcotic, derivatives, and galvanism have been recommended in these conditions; but, although some remarkable results have been obtained from these, they were quite exceptional.

Dr. Michael was induced to resort to the nitrite of amyl in consequence of its well-known paralyzing influence on the sympathetic, and especially on the nerves of the bloodvessels, and the fact that many forms of noises in the ear are not dependent upon mechanical causes, but upon the impression made by nervous irritation due to hyperemia or anemia of the brain or internal ear. Only in this way can we explain their occurrence in plethoric and anæmic conditions, and under the influence of certain medicinal substances, as quinia, salicylic acid, etc. Dr. Michael has treated twenty-seven such cases at the Vienna Polyclinic, to which he adds eight others derived from private practice. The following are the results: In nineteen considerable amelioration was produced, in eleven no effect was produced, and in three the noises completely disappeared from one ear and were diminished in the other. Three other cases are reserved for further observation. By far the greater number of cases were examples of *otitis media hypertrophica*; and among the improved cases were two, and among the unimproved one, of affection of the labyrinth. Of the remedy from one to ten drops were inhaled—the often-tried application *per tubam* having proved in nowise preferable. The inhalation was continued until the production of the earliest intoxication appearances, as shown by great redness of the face, brilliancy of the eyes, and distension of the bloodvessels; and on the occurrence of giddiness was immediately discontinued. In all the cases that were improved the noises during this period became considerably increased, diminishing as the redness decreased, and then becoming much less than before. The duration of improvement after a single inhalation varied greatly, amounting in some only to several hours, in others to several weeks, and in most of the cases to from two to ten days. The effect of the second inhalation usually was of longer duration, providing it did not follow the first at a shorter interval than two days. Several of the cases have been published in detail in Knapp and Moos' Archives; and it need only be mentioned here that in some cases in which the inhalations proved fruitless the noises completely disappeared on the commence-

ment of the redness of the face, to reappear in all their former vigor when this had ceased. The subjects of these were always anæmic young females. Some patients declared that, although the noises really were no feebler, yet they found that they could more easily bear them, and on this ground requested a repetition of the inhalation. The duration of the affection seemed to exert no influence whatever, for in several cases in which improvement occurred the noises that lasted from ten to twenty years yielded in just as short a time as in others in which they had only recently appeared. In four cases, besides the diminution of the noises, a considerable increase in the power of hearing also took place.

Nothing tends to impede the extension of a proposed mode of treatment more than its indiscriminate recommendation; and it is desirable, therefore, again to observe that this one is not beneficial in all cases, producing only improvement in most, and recovery in very few, while the effect is not durable in all. At present it is not possible to indicate with precision the cases for which it is most suitable. Acute catarrhs and affections dependent upon obvious mechanical causes do not call for its employment, as for these we have various means of treatment; and although there is not much use in offering a theoretical explanation of an empirical remedy, yet the cases in which affections of the labyrinth have undergone manifest improvement seem to show that the amyl directly influences the auditory nerve itself, or the vascular ramifications of the labyrinth.—*Monthly Abstract, from Medical Times and Gazette.*

The Treatment of Gonorrhea.—Dr. Diday, of Lyons, in a work (*Thérapeutique des Maladies Vénériennes et des Maladies Cutanées*, Paris, 1876) divides the ordinary course of gonorrhea into four stages, comprising: a first stage of very short duration, during which the disease may, in certain cases, be made to abort; a second "irrepressible" stage, which commences about the third day, and lasts from four to six weeks or longer; a third stage, called "repressible," which is marked by symptoms announcing the "maturation" of the discharge; and a fourth, "chronic" stage, in which the disease becomes stationary.

1. *First stage*: characterized by a feeling of warmth during micturition perceived about two and a half days after exposure, and by the appearance of a drop of semi-transparent discharge at the meatus. If at this moment an attempt is made to jugulate the disease, success is "possible, and in fact very probable," while, on the other hand, such an attempt, if unsuccessful, involves no harmful consequences. The procedure recommended is an injection of a solution of nitrate of silver, one part in ninety, to be administered by the surgeon. About one drachm of the solution should be injected, the contact of the liquid

being limited to the first two inches of the canal, and maintained during five minutes. An hour or two after this injection an artificial urethritis, marked by a thick discharge with scalding during micturition, sets in, and lasts one or two days. In successful cases the discharge then wholly disappears. Failure, on the other hand, is announced after a day or two of apparent cure by the appearance of a purulent secretion, which grows daily more abundant. After such a failure a second attempt at jugulation offers little or no prospect of success. If, however, the discharge has not yet become thickly purulent, with red and swollen meatus, another trial may be made, two injections, each of a duration of five minutes, being made with the same solution as before.

2. *Irrepressible stage*: when the discharge is over three days old, when it amounts to an hourly drop, when pain attends micturition or erection, when the lips of the meatus are red and shiny, all attempts to suppress the disease are for the time being useless and mischievous; useless, because the discharge can only be temporarily suppressed whatever means be used; mischievous, because the drugs upon which we rely, copaiba and cubebs, lose their efficacy by repeated administration, so that, when the time at last arrives at which the disease is amenable to curative treatment, they are liable to fail, unless the susceptibility of the patient to their influence has been economized in view of the third, or "repressible" stage. The secret of success in treating gonorrhea, says Diday, lies in patient expectation throughout this second stage, such expectation being disguised by various *placebos* (demulcent drinks, warm baths, etc.), and supplemented by certain hygienic precautions (abstinence from ale, beer, white wines, spirits; moderation in use of red wines, coffee, spices; avoidance of conjunctival inoculation, and the use of a suspensory bandage).

3. *Repressible stage*: this stage is attained gradually after a mean duration of five or six weeks, sometimes less, very often longer. Not unfrequently two and a half to three months elapse before it is reached. The signs by which its advent is recognized are: the almost entire absence of pain during micturition and erection; the disappearance of the red and swollen condition of the meatus; a considerable diminution of the discharge, which should be no longer yellow or green, but whitish and viscid. This condition being attained, a suppressive medication may be instituted with good prospects of success. Diday's favorite remedy is the *opiat* of copaiba and cubebs. Properly administered, in suitable doses, this drug should, in the course of less than a week, cause the discharge to cease. The administration should be continued during a second week, to prevent recur-

rence. In many cases, however, some of the many conditions of success being absent or incompletely fulfilled, the discharge still persists after the sixth day. In such cases, should the surgeon persist, or should he adjourn his attempts to repress the disease? If the discharge, though diminished to a half or a quarter of the previous amount, is still yellow, making sharply defined spots on the linen, and if the meatus is still red and shiny, if there is still smarting in the urethra, it is better to adjourn, rather than continue, the suppressive medication. Should the results of the first week of treatment, on the other hand, be more favorable, there is promise of a permanent cure being attained by perseverance in the use of the remedy; and Diday advises that the dose of copaiba be increased to the verge of tolerance, together with the use of an astringent injection.

4. *Stationary stage*: this last and chronic stage is the final result of untreated or maltreated gonorrhea, ill-directed and *inopportune* attempts at early suppression being the usual antecedent in such cases. There is little or no pain; the discharge is of small amount; the disease has become refractory to the use of copaiba and cubebs; and it readily becomes subacute under the influence of irritating agencies. In such cases the main reliance lies in the use of injections, that of Ricord, prescribed as follows, being preferred by Diday: *R* Zinci sulphatis, grs. viij; plumbi acetatis, grs. xvj; tincturæ opii, ℥ss; tincturæ catechu, ℥ss; aquæ distillatæ, ℥iv. M. S. Give three injections daily.

Copaiba is no longer useful unless there still remain some traces of acuity, and then only after abstinence from the use of the drug during at least six weeks.—*Boston Med. and Surg. Journal*.

Treatment of Umbilical Hernia in Children.

In the *Paris Médical*, October 12, is a description of M. Archambault's treatment of umbilical hernia in children. In order to avoid the inconvenience of bandages with buttons, etc., so difficult to keep in their place, M. Archambault takes a piece of white wax, which he softens and rolls between his fingers; this ball is then split in two, so as to constitute two hemispheres. One of these hemispheres, of a size proportionate to the extent of the umbilical depression, is placed with its convex surface in the depression and maintained there by a piece of strapping. For the wax may be substituted gutta percha previously moistened in warm water. At the end of two hours the body will be sufficiently softened to adhere to the skin. From this time no bandage will be required. In this manner M. Archambault has cured umbilical hernia in less than two months.—*London Medical Record*.